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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. in the correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing. RONDENDE ADDRESS they be sugery and of consentageautic 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change INVENTOR'S NAME HOLD THE eig tant ar or deer in taltan iliw oor Street Address City, State and ZIP Code Del Circle Part 1 138 SPARKHAN. CAMPBED CO-INVENTOR'S NAME Street Address ONE WORLD TRADE CENTER. STE. 121 S. W. SALHON STREET City: State and ZIP Code PORYLAND. OR 37204 Check if additional changes are on reverse side SERIES CODE/SERIAL NO. EXAMINER AND GROUP ART UNIT! DATE MAILED FILING DATE **TOTAL CLAIMS** 07/628,440 First Named Applicant KETCHOM TITLE OF INVENTION OPTIMIZED PIEZOELECTRIC RESONATOR-BASED NETWORKS AND ASSOCIATED NETHOD CLASS-SUBCLASS" APPLN. TYPE and the remains a bridge of the mining bridge as about the angle UTTOPTY OF VESTIC OFFICE OF STREET KLARQUIST, SPARKMAN, 3. Further correspondence to be mailed to the following: 4. For printing on the patent front 1 CAMPBELL, LEIGH & page, list the names of not more than MARQUIST, SPANNIGAN, CARPBELL, LEIGH & WHEASTON WHINSTON 3 registered patent attorneys or PATENT LAWYERS agents OR alternatively, the name of a ONE WORLD TRADE CENTER, SUITE 1600 firm having as a member a registered 121 S.W. SALMON ST attorney or agent. If no name is PORTLAND, OR 97204 listed, no name will be printed. DO NOT USE THIS SPACE 585.00 CK 050 MS 04/14/93 07628440 30.00 CK 050 MS 04/14/93 07628440 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) 6a. The following fees are enclosed: (1) NAME OF ASSIGNEE: X Issue Fee X Advanced Order - # of Copies 10 JTFR Technologies, Inc. (Minimum of 10) 6b. The following fees should be charged to: (2) ADDRESS: (City & State or Country) 02 - 4550DEPOSIT ACCOUNT NUMBER 701 S.E. Salmon, Redmond, OR 97756 (Enclose Part C) (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Issue Fee Advanced Order - # of Copies OREGON X Any Deficiencies in Enclosed Fees A. This application is NOT assigned. Reel/Frame 5826/0654. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to

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(Date)

4-9-93

apply the Issue Fee to the application identified above.

Signature of party if